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APR 07 2006

Application Data Sheet 37 CFR 1.76		Attorney Docket Number 701586-54202US
		Application Number
Title of Invention	METHODS FOR PRENATAL DIAGNOSIS OF CHROMOSOMAL ABNORMALITIES	
<p>The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76.</p> <p>This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.</p>		

Secrecy Order 37 CFR 5.2

☐ Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)

Applicant Information:

Applicant 1				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Charles	R.	Cantor	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Del Mar	State/Province	CA	Country of Residence i US
Citizenship under 37 CFR 1.41(b) i		US		
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Postal Code	82014	Country i	US	
Applicant 2				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
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Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
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Citizenship under 37 CFR 1.41(b) i		CN		
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City	Shatin	State/Province	NT	
Postal Code		Country i	HK	
All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the Add button.				
<input type="button" value="Add"/>				

Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below.
For further information see 37 CFR 1.33(a).

☐ An Address is being provided for the correspondence Information of this application.

Application Data Sheet 37 CFR 1.76		Attorney Docket Number	701586-54202US
		Application Number	
Title of Invention	METHODS FOR PRENATAL DIAGNOSIS OF CHROMOSOMAL ABNORMALITIES		
Customer Number	50607		
Email Address		<input type="button" value="Add Email"/>	<input type="button" value="Remove Email"/>

Application Information:

Title of the Invention	METHODS FOR PRENATAL DIAGNOSIS OF CHROMOSOMAL ABNORMALITIES		
Attorney Docket Number	701586-54202US	Small Entity Status Claimed	<input checked="" type="checkbox"/>
Application Type	Nonprovisional		
Subject Matter	Utility		
Suggested Class (if any)		Sub Class (if any)	
Suggested Technology Center (if any)			
Total Number of Drawing Sheets (if any)		Suggested Figure for Publication (if any)	
Publication Information:			
<input type="checkbox"/> Request Early Publication (Fee required at time of Request 37 CFR 1.219)			
<input type="checkbox"/> Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.			

Representative Information:

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.			
Please Select One:	<input checked="" type="radio"/> Customer Number	<input type="radio"/> US Patent Practitioner	<input type="radio"/> US Representative (37 CFR 11.9)
Customer Number	50607		

Domestic Priority Information:

This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c). Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.			
Prior Application Status	Pending	<input type="button" value="Remove"/>	
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
	a 371 of international	PCT/US2004/033175	2004-10-08
Prior Application Status	Expired	<input type="button" value="Remove"/>	
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
PCT/US2004/033175	non provisional of	60/509775	2003-10-08

Application Data Sheet 37 CFR 1.76		Attorney Docket Number	701586-54202US
		Application Number	
Title of Invention	METHODS FOR PRENATAL DIAGNOSIS OF CHROMOSOMAL ABNORMALITIES		

Additional Domestic Priority Data may be generated within this form by selecting the **Add** button.

Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

			<input type="button" value="Remove"/>
Application Number	Country ⁱ	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
			<input type="radio"/> Yes <input type="radio"/> No
Additional Foreign Priority Data may be generated within this form by selecting the Add button.			

Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.

Assignee 1

If the Assignee is an Organization check here. ☒

Organization Name	The Trustees of Boston University
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Phone Number		Fax Number	
Email Address			
Additional Assignee Data may be generated within this form by selecting the Add button.			

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Signature			Date (YYYY-MM-DD)	2006-04-07	
First Name	Ronald I.	Last Name	Eisenstein	Registration Number	30,628
Leena H.		Karttunen		L0207	